



LEAVE APPLICATION

Employee				
<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Personal/Carers Leave (Medical Certificate is required after 2 days)		<input type="checkbox"/> Long Service Leave		
<input type="checkbox"/> Leave without Pay	<input type="checkbox"/> Compassionate Leave		<input type="checkbox"/> Study Leave		
<input type="checkbox"/> Time in Lieu	<input type="checkbox"/> Unpaid Parental Leave		<input type="checkbox"/> Community Service Leave (Including Jury Service)		
Details / Leave Break-down:					
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.....					
.....					
.....					
..					
From: (First day of leave)	___/___/___	To: (Last day of leave)	___/___/___	Resume work on:	___/___/___
Number of days / hours applied for: (Do not include weekends or public holidays)					
Days			Hours		
Employee Signature				Date:	
SUPERVISOR/MANAGERS USE ONLY					
Requested Leave Available <input type="checkbox"/> Yes <input type="checkbox"/> No					
Approved			Date		

